

NDP26: LAPAROSCOPIC RADICAL NEPHROURETERECTOMY FOR UROTHELIAL CARCINOMA IN A HORSESHOE KIDNEY: A CASE REPORT AND LITERATURE REVIEW

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A 75-year-old male suffered from gross hematuria for months and was diagnosed with urothelial carcinoma in the left moiety of a horseshoe kidney. Laparoscopic left side radical nephroureterectomy with open bladder cuff excision through a Gibson incision. The patient was discharged on post-operative day five uneventfully. Preoperative computed tomography is quite valuable for the evaluation of the anatomical variations in horseshoe kidneys. In conclusion, laparoscopic approach is effective for managing malignancy in horseshoe kidneys.

NDP27: SINGLE MASSIVE URETER POLYP CAUSING URETER INTUSSUSCEPTION: A CASE REPORT AND LITERATURE REVIEW

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Purpose: Ureteral intussusception is a rare complication caused by intra-ureteral lesions (i.e. ureteral calculi or ureteral mass). Here, we present a case of ureteral intussusception cause by single massive ureteral polyp.

Materials and Methods: This 44 years old man first presented at our ER symptoms of renal colicky pain and painless gross hematuria. After initial survey, IVP showed middle ureteral stricture without distal ureter enhancement. Due to symptoms of painless gross hematuria, cystoscopy and ureteroscopy was ordered. Intra-operative images showed huge polyp at lower 1/3 ureter and uretero-vesical junction. Biopsy was obtained and obstruction was relieved with electrocautery. Due to size of the polyp, malignancy was first suspected and CT scan was ordered and intussusception of middle ureter was noted. Biopsy later revealed to be fibroepithelial polyp of ureter.

Conclusion: Intussusception of ureter is a rare complication of intra-ureteral lesion with the typical presentation of flank colicky pain, hematuria and hydronephrosis. Most of the prior reported cases of ureteral intussusceptions were benign in origin, but the first case of intussusceptions caused by ureteral TCC was reported on 1987. Ever since, half of the reported cases of intussusceptions are related to intra-ureteral malignancy. Therefore, we also keep malignancy in our minds in cases with images of intussusceptions and the typical symptoms until proven otherwise with biopsy.

NDP28: POTENTIALLY FATAL ARTERY ANEURYSMS PRESENTING WITH LOWER URINARY TRACT SYMPTOMS

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Purpose: We report a case of multiple potentially fatal artery aneurysms presenting with lower urinary tract symptoms.

Materials and Methods: A 71-year-old male had past history of hypertension without medication and smoking for 50 years. He suffered from urinary frequency and nocturia for 3 months. Because of persistent lower urinary tract symptoms, he went to our outpatient department for help. He appeared well and did not felt abdominal discomfort. There was no tenderness or palpable mass on his abdomen on examination. A digital examination revealed an enlarged prostate with two fingers in breadth and normal consistency. The rest of his physical exam was unremarkable.

The urinalysis was unremarkable and PSA was normal. Bladder sonography disclosed two large hypoechoic masses above the bladder and prostate volume was 30 g. The following computed tomography showed 2 large sausage-like artery aneurysms of right common iliac and internal iliac arteries. The largest size of the aneurysms was 6.1 cm. It was likely that the patient's urinary symptoms were caused by local compression of bladder. Then he was transferred to the cardiovascular section and endovascular repair for the aneurysms was scheduled.

Conclusions: Lower urinary tract symptoms are common presentation in patient with benign prostatic hyperplasia. However, the other rare causes of lower urinary tract symptoms are difficult to detect by simple urinary test and digital rectal examination, even by transrectal ultrasound. Iliac artery aneurysms account for an estimated 2% of intra-abdominal aneurysmal disease. It had been reported that up to 40% present acutely with rupture. With a rupture rate of 38% and associated high mortality, early detection and intervention is essential. Bladder sonography is one of the important tool to find the potentially fatal lesions as this patient. Aneurysm should be always kept in mind when we treat the patients with lower urinary tract symptoms, especially that only with irritative symptoms.

NDP29: SPONTANEOUS URETERAL RUPTURE: A CASE REPORT

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Purpose: Ureteral rupture usually results from traumatic, iatrogenic, or tumor-induced tear and leads to urinary extravasation. Spontaneous rupture is rare. Patients may presented with sudden onset abdominal or flank pain. Image studies often showed perirenal fluid accumulation.

Materials and Methods: We reported a healthy female patient with an initial presentation of sudden flank soreness and gross hematuria. Contrast-enhanced abdominal CT showed marked urine leakage in the ureteropelvic junction (UPJ). Ureteroscope cannot identify any tumor or obstructive lesion in the ureter. She underwent conservative treatment with double-j stent placement, and the leakage disappeared after 8 weeks treatment. CT scan diagnosis, conservative therapeutic approach, and follow-up will be discussed.

NDP30: ACUTE INFRAVESICAL OBSTRUCTION RESULTS AS TEARDROP SHAPED BLADDER CALCULI

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A 36-year-old man was visited emergent department with the chief complaints of dysuria, frequency urination, lower abdominal pain during micturition and oliguria. Plain radiography showed one teardrop shaped bladder stone shadow: one as 2.14 × 1.07 cm in size. Abdominal sonography disclosed vesicle stone completely impact the bladder outlet. Endoscopic vesicolithotomy was performed. The stone was fragmented to smaller particles with pneumatic lithotripter.

Although a bladder stone is not rare, this case is interesting for differentiated diagnosis of low urinary tract symptoms in young man at emergent department.

NDP31: A HUGE RENAL CELL CARCINOMA-CASE REPORT

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Purpose: A case of renal cell carcinoma (RCC) presenting to the Emergency Department with pyrexia and gross hematuria is discussed.